

which often arouse emotion and prejudice, would make this book a notable addition to the meagre literature of social psychiatry even if the data were less extensive and arresting. How far they would hold true in this country is as yet a matter of conjecture. For example, one of the main findings is that New Haven residents get psychotherapy for their psychiatric troubles if they belong to the upper social groups but get physical methods of treatment for the same illnesses if they belong to the lower groups. Many would doubt whether a similar situation exists in this country under our National Health System. The matter is complex and deserves to be explored, if it can be done with the same thoroughness and avoidance of hasty inferences as in the Redlich-Hollingshead Study.

HILDA LEWIS

ABORTION

Calderone, Mary Steichen (Editor). *Abortion in the United States: Report of a Conference sponsored by the Planned Parenthood Federation of America.* New York, 1958. Hoeber-Harper. (London, Cassell). Pp. 224. Price 42s.

THE UNIQUE AND ABSORBING report of this conference omits from its index the words "birth rate" and "population", although, as delegates speeches are necessarily condensed, the subjects may have been touched upon.

Opinions were often diametrically opposed, and during the three-day assembly, some of the views expressed might indicate that every U.S.A. pregnancy is as nationally important as in ancient days when at any time pestilence or famine might almost curtail a tribe.

Although many speakers showed pity and real understanding, a few pronouncements were astonishing, peculiarly illustrative of the blind spot which can exist in the mind of an experienced medical practitioner. Or is it that their specialist activities debar them from viewing all angles of the abortion problem? One delegate may have had this question in mind when he exhorted listeners to remember that "our patients do not live in a vacuum".

Much of the discussion naturally centred on whether the extended teaching of contra-

ception would or would not decrease the abortion rate. Family planners wisely argued the case for more family planning. Others said that family planning makes little difference.

Dr. D., a Roman Catholic, described a Maternity Hospital in a district 75 per cent R.C., introducing himself as being "in some way Exhibit A, because I came up to report eight therapeutic abortions in over 150,000 deliveries". The expected and prompt retort of one delegate was that women seeking abortion would not go to such a hospital. For news gets around, and amongst those often referred to as "working women", there is a kind of freemasonry undreamed of by any Hierarchy, its unenrolled membership being such women (and some men) who, on all subjects except abortion, are allowed freedom of opinion.

Later in the proceedings, Dr. D. declared that "on the facts presented at this conference, I believe we should conclude that the wider use of contraception and of therapeutic abortion in this and other countries has not decreased the number of illegally induced abortions".

A Norwegian psychiatrist said: "when a woman wants an abortion, there must be something wrong with herself or with her life situation or both, and that frequently she represents not an individual social and medical problem only, but that of a whole family in need of some social or sociomedical treatment". I know a regular delegate to the Annual Congress of highly intelligent working class British women whose comment on that statement would be forceful and might be unprintable. The psychiatrist believed that "the woman's whole situation must be analysed", and seems not to have encountered many of the little mums whose lives are happy except where there is possibility of an unwanted birth into their family. This darkens their whole horizon, and the psychiatrist sees them only when they are distracted by terror and apprehension, and dare not confess their own unsuccessful attempts to end an unwelcome situation.

That a doctor, by an adverse decision, can condemn a woman to bitterness and despair, or drive her to the unskilled operator, may inevitably lead to accepting the extreme view most courageously expressed over thirty years ago by Dr.

Robert Dickinson of New York, President of the U.S.A. Committee on Maternal Health, that in the last analysis the decision whether or not her pregnancy is to continue, should rest with the woman herself.

The Norwegian psychiatrist's proposal that whole families should be medically treated when the mother applies for an abortion, summons up an irresistible picture of the family procession, the youngest, of course, in its mother's arms (or would the modern father now carry it?) on its way to the clinic; and all because the mother was convinced that the birth of another child would be a family catastrophe.

Those very concerned with the problem of abortion will be full of gratitude for this report; gratitude to the P.P.F.A. for convening the conference and for the frankness of the thirty-eight participants, who comprised eminent gynaecologists, psychiatrists and a few social workers. The highlight of the proceedings was an M.D.'s testimony as a convicted (but not imprisoned) abortionist. The chairman stated that Dr. T. was his valued friend, known for nearly three decades, and described him as "an extremely competent abortionist . . . who some years ago fell into disagreement with the law and is no longer in practice".

Rigid stillness must have pervaded the conference and poker faces stiffened, when the medical abortionist sadly related that of the 353 doctors who had sent him his 5,210 recorded cases, not one had come forward to share his responsibility. The student may value Dr. T.'s opinion that properly conducted medical abortions do *not* cause sterility.

That there is still misunderstanding about British Abortion Law was shown when a delegate (without reported contradiction) stated that Mr. Bourne in the celebrated abortion trial of 1938 was acquitted because the patient he had operated on (a young girl of fifteen) had been raped. If that were so, rape would now be a recognized ground for legal abortion in this country, which it certainly is not.

The Final Discussion (Pp. 162-167) could profitably be read *first* by very busy people, although every chapter has its special value. The entire report is the most realistic contribution yet made on a very vexed subject.

One is somewhat stunned when an Executive Secretary of a Medical Information Board describes medical abortion as "a mutilating operation". And one is not surprised to learn that illegal abortion is still rampant in Sweden, when one reads that exhaustive preliminary inquiries and three certificates, which are examined by a Medical Board, and later maybe some further inquiries, are required before a medical abortion can be granted. Memory recalls the forthright opinion expressed by the late Madame Lorsignol, a founder of the British Abortion Law Reform Association, that if legal abortion were to be hedged around by all kinds of stipulations, the unwanted infant would be "born and breeched" before the operation could take place.

At this point it might be interesting to recall some of the opinions of the late Lord Horder, Past President of the Eugenics Society, on the subject of abortion. Addressing the British Government's Interdepartmental Committee on Abortion, he declared that when consulted about a late pregnancy after a long interval he was in favour of medical abortion if the birth of a child would mean the starting of a "new nursery". In private, he stoutly maintained that in any new statute there should be *no legal restrictions* on medically-induced abortion. He did not even accept the necessity of making a second opinion compulsory *by law*, as he believed that doctors would call in a second opinion when in doubt. And if it be asked "What about the abuses?" the answer is inevitably "What about the abuses in present *unreformed* law?"

Towards the end of the conference one courageous delegate stated: "No religious group should seek to maintain the religious standards of its own members by the imposition of laws applied to the general population." But it is a fact that in the U.S.A., as in this country, the reformist path has so far been effectively blocked by these powerful groups.

Three committees were appointed to continue the work of the conference. The Statistical Committee (which included a short report in 1957) seems unlikely to discover any reliable estimate of the incidence of abortion in the U.S.A. which it thinks could be as low as

200,000 and as high as 2,000,000. The Editorial Committee has done valiant work. The Statement Committee's summary appears on pp. 181-184 of the book.

ALICE JENKINS

MENTAL SURVEYS

Macpherson, John S. *Eleven-Year-Olds Grow Up. A seven-year follow-up of a representative sample of the 1947 Scottish Mental Survey.* Publications of the Scottish Council for Research in Education. XLII. London, 1958. University of London Press. Pp. xxiii + 186. Price 15s.

THE 1932 AND 1947 Scottish Mental Surveys were landmarks in Educational Psychology. This volume is a report of the follow-up of a 1 in 60 sample of those born in 1936, who had been tested in the 1947 survey. Unlike its distinguished predecessor, this report has no startling announcements to make, and its very painstaking scholarship makes no immediate impact on a reader unless he is prepared to devote careful thought to its study. Nevertheless it is a document of importance, and it is to be hoped that one day England will do similar research.

Among the conclusions to be dug out of the report, is the interesting one that parents' ambitions do not appear to play a very obvious part in influencing the actual careers which their children adopt; in fact, whereas 40 per cent of parents disagreed with their fifteen-year-old boy's choice, three years later half of these had come to agree with their son, but in only

one case (out of a hundred) had the son come to agree with the parents.

A shrewd comment is made on the use of the word "wastage" for all able pupils who leave school before completing a leaving certificate course (five years): "it is unfortunate that this word should have a philosophical implication. Some of our great statesmen and successful business men would be included in the 'wastage' category, and on the other hand one would seldom meet with intelligent tradesmen in a world where there was no wastage".

Finally the following summary of the school career of pupils who obtain a high score on an I.Q. test at the age of eleven:

"The high scorer is likely to come from a family of one, two or three, his father's occupational class is not likely to be lower than that of a skilled tradesman, his home will probably have occupancy rate 1 or 2 and there is a slightly greater chance of his being in a city. By the age of eleven he will almost certainly be in the last or last but one class in the primary school and is most likely to be selected for a five-year secondary school course in which he will be very happy. His attendance at school will probably be at least 95 per cent and his teachers will tend to rate him above average in desirable personality characteristics. He is likely to complete at least five years in the secondary school and on leaving has a fifty-fifty chance of commencing training for a profession.

KENNETH HUTTON